PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number SHPR-01041USM SRM ISDS

Encouve deleber 1, 2001											
		CLAIMS A	S FILED - (Column		(Column 2)		SMALL E	NTITY	OR	OTHER	
TOTAL CLAIMS			101				RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEI	370.00	OR	BASIC FEE	740.00
ΤC	TAL CHARGEA	ABLE CLAIMS	/0/ minus 20=		· 81		X\$ 9=		OR	X\$18=	1458
INC	EPENDENT CI	LAIMS	/3 minus 3 = *				X42=		OR	X84=	840
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0						olumn 2	TOTAL		OR	TOTAL	3038
	C		MENDED - PART II			a 6	SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
_		(Column 1) CLAIMS		(Colum		(Column 3)	SMALL	ENITTY	OR	SMALL	ENIIIY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		-	X\$ 9=		OR	X\$18=	
AM.	Independent	*	Minus	***		-	X42=	*	OR	X84=	
۰	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		+140=		OR	+280=	
	TOTAL								-	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT. FEE			ADDIT. FEE	
г		CLAIMS		HIGHE		(Column 3)		Lanni	,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		-	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CL AIN	-	X42=		OR	X84=	
느	THIOTFILL	NIATION OF MIC	DETIFIED DEF	LINDLINI	CLAIN		+140=		OR	+280=	
TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT: TEL			ADDIT. I EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus ***			=-	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OH	7.012	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nurr	nber Previously Pai	d For" (Total or	Independer	nt) is the	highest number	found in the ap	propriate box	k in col	umn 1.	
EODA	DTO OTE (Dov. O.	200			-		Date at and Tools		0.050	LOTHELIT OF	